



2177
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7217/64043

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Yasuhiro Terayama et al.
Serial No.: 09/809,668
Filed : March 15, 2001
For : FILE CONVERSION METHOD, FILE CONVERTER, AND
FILE DISPLAY SYSTEM
Group A.U.: 2177
Examiner : Miranda Le

I hereby certify that this paper is being deposited
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Jay H. Maioli
Jay H. Maioli
Reg. No. 27,213

Date
October 28, 2004

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October 28, 2004
1185 Avenue of the Americas
New York, NY 10036
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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action of July 28, 2004,
Applicant respectfully requests that the above-identified
application be amended as follows.

Amendments to the claims are reflected in the listing of
claims that begins on page 2 of this Amendment.

The Remarks portion begins on page 14 of this Amendment.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Yasuhiro Terayama et al.

Serial No. : 09/809,668

Filed : March 15, 2001

For : FILE CONVERSION METHOD, FILE CONVERTER, AND
FILE DISPLAY SYSTEM

Group A.U. : 2177

Date : October 28, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

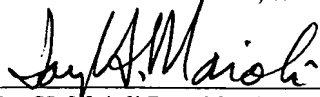
Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ No fee is required.
- ☐ The fee has been calculated as shown below.
- ☐ Total claims in excess of 20 previously paid for, at \$18 (\$9) ____.
- ☐ Independent claims in excess of 3 previously paid for, at \$88 (\$44) ____.
- ☐ Additional Fee for this Amendment ____.
- ☐ This response is being filed within the ____ first month, ____ second month, ____ third month, ____ fourth month, ____ fifth month following the expiration of the term originally set therefor. Applicants Petition for an extension, and the fee of ____ \$110 (\$55), ____ \$430 (\$215), ____ \$980 (\$490), ____ \$1,530 (\$765), ____ \$2,080.00 (\$1,040.00) is due and paid herewith.
- ☐ The fee of \$ ____ set by 37 C.F.R § 1.17(p) for the Information Disclosure Statement is due and paid herewith.
- ☐ A check in the amount of \$ ____ is attached.
- ☒ Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.

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